**Western Australian Suicide Prevention Grants Program**

**Grant Application Form**

|  |  |  |
| --- | --- | --- |
| **1** | **SECTION 1** |  |
|  | **About your organisation** | **Response** |
| 1.1 | What is the legal name of your organisation and where is your head office located? | Name of organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ABN/ACN:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.2 | Provide details of the main contact responsible for this grant within your organisation. | Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.3 | Is your project for a targeted group or population? Please specify: | Select  Yes - please specify  Aboriginal Peoples  Children and young people  Older people  People who identify as LGBTQIA+  People from ethnoculturally and linguistically diverse backgrounds, including refugees and asylum seekers  First Responder Workers (such as police forces, ambulance officers and paramedics, fire and rescue service workers, prison officers)  Veterans  People living with a disability  Men  Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| 1.4 | Is the funding for training, an activity or a defined project | Select  Training  Activity  Defined Project |
| 1.5 | Where in WA will your project be delivered? | Select Region  Metro  Wheatbelt  Great Southern  South West  Midwest  Kimberley  Pilbara  Goldfields  Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1.6 | How much funding are you applying for?  NOTE: Grants are for funds up to $100,000 excl. GST. |  |
| 1.7 | Do you hold current Public Liability insurance of at least $5 million cover? | Yes  No |
| 1.8 | Will your organisation be adding any additional funding to the activity? | Yes Specify amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| 1.9 | Will your organisation be adding any in kind contribution/s to the activity? | Yes Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| **2** | **SECTION 2** | |
|  | **Eligibility Requirements** | **Response** |
| 2.1 | Is your organisation:   1. an Incorporated / Not for Profit organisation 2. a local government authority; or 3. an unincorporated organisation; or community group | Select  1. Incorporated/Not for Profit organisation  2. a local government authority; or  3. an unincorporated organisation or community group |
| 2.2 | Is your organisation solvent and not under external administration? | Yes  No |
| 2.3 | Have you read and understood the Grant Guidelines and understand the reporting requirements? | Yes  No |
| 2.4 | Do you acknowledge that if an offer of grant funding is made to your organisation that offer will be subject to the execution of the Grant Agreement, its requirements and Standard Terms and Conditions? | Yes  No |
| 2.5 | Please provide details of two referees. | **Referee #1:**  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Referee #2:**  Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3** | **SECTION 3 (40%)** |  |
|  | **What is your organisation’s Proposed Purpose (Output) for the grant funding?** | **Response**  **Responses must be within the word count** |
|  | **Describe how your organisation will achieve this purpose (500 Words)** Provide a clear and concise description of what the project and how grant funds will be used. Include how the project is an evidence-based or evidence-informed suicide prevention, activity, training, or program.  How does this relate to the needs of the community? What ongoing supports will be provided to participants? |  |
|  | **What are the main Objectives of the Project? (300 words)**  How does your project or activity align with the objective of the grant? |  |
|  | **Participants (400 words)**  Provide a clear and concise description of who (targeted group or population) and how the project/activity addresses suicide prevention in WA?  How will the applicant ensure the project/activity is culturally appropriate?  How will the applicant document consultations, engagement and attendance of the project/activity?  How will the applicant receive feedback from the project/activity? |  |
|  | **Outputs (500 words)**  Provide a clear and concise description of what the expected outputs will be. Detail how these outputs will be measured and match the objectives of the Western Australian Suicide Prevention Grants Program.  Outline if partnering with an Organisation and include a letter of support from that partner Organisation. |  |
|  | **Risk Management Plan (Template provided)**  Outline the project’s Risk Management Plan including how to mitigate the risk | Please use the Risk Management template provided. |
|  | **Delivery (450 words)**  Provide a clear and concise description of when the outputs are expected to be delivered, including a delivery plan showing how outputs will be achieved as soon as possible of the grant being awarded. Include commencement date, delivery date and project completion date. |  |
| **4** | **SECTION 4** |  |
|  | **Capability to deliver (30%)** |  |
| 4.1 | **Capability (400 words)**  Provide a clear and concise description of the applicant’s capacity, experience, and capability in delivering the project/activity proposed. |  |
| **5** | **SECTION 5** |  |
|  | **Budget / Value for money (30%)** |  |
| 5.1 | **Budget (Template provided)**  Provide a clear and concise Budget Plan. Demonstrate that the budget is reasonable, achievable and value for money. | Please use the Budget Plan template provided. |